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I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith.						
E Victoria di virginio di applititico il commini						
CR  I hereby appoint the practitioners associated with the Customer Number:						
Please change the correspondence address for the above-identified application to:						
The address Customer No	38516	16				
OR Firm or Individual Name	Scott P. Zimmorman PLLC					
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Country	USA					
Telephone	GNe (919) 459-2029		Email	scoll@scottzimmerman.com		
Tem the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) to enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature						
Name Scott - Elimentary						
Date OB	05/08		phone	(919) 469-2629		
NOTE: Blooking of all the inventors or assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see before.						
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- ii) Scott P. Zimmerman, U.S.P.T.O. Reg. 41,390, of Scott P. Zimmerman, PLLC, P.O. Box 3822 Cary, NC 27519.

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ice/President, Patent & Trademark Procurement

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